

APPLICATION ADDRESS TO A GROUP
OF MASTERS STUDENTS AT
THE FLINDERS UNIVERSITY

28TH APRIL 1994

NO PARTICULAR INCIDENT MOTIVATED ME TO BELIEVE.

AUGUST 94 LEARNED OF CONFERENCE CANBERRA
"DYING AND THE LAW" ORGANISED AMA.

- ASKED FOR COPY OF PAPERS GIVEN BY SPEAKERS.
RECEIVED — "READ ONE DAY" FILE.

TOOK ON HOLIDAYS — DIDN'T DARE LOOK UNTIL END OF TR

READ SPEECHES / POOL PACKET / DECIDED THAT THERE WAS NO
RATIONAL CASE AGAINST ALLOWING ACCESS TO V.I.E. PROVIDED
IT WAS LIMITED TO C.T.I.A. — AND THAT IF ONE COULD
KEEP THE DEBATE FOCUSED ON THIS GROUP — YOU COULD
WIN THE ARGUMENT.

WITH FAINT HOPE OF SUCCESS, I DECIDED ON THE SPOT TO INTRODUCE
A BILL TO PARLIAMENT. — BELIEVING THAT EVEN IF IT
DID NOT PASS — THE DEBATE WHICH WAS BOUND TO RAGE
WOULD ADVANCE THE DAY WHEN SOMEONE ELSE WOULD TRY
AND EVENTUALLY SUCCEED.

FROM THE CONFERENCE PAPERS I FIRST LEARNED OF THE EXISTENCE
OF A VIES IN VICTORIA. — EVEN AFTER CONTACTING THEM FOR A
COPY OF A DRAFT BILL THEY HAD DRAWN UP I WAS STILL UNAWARE
THAT A WORLDWIDE V.I.E. MOVEMENT EXISTED WITH SOMETHING
LIKE 100,000 MEMBERS. — AND IT HAD BEEN IN EXISTENCE FOR
DECADES!

USING THE VICTORIAN MODEL AS A FRAMEWORK I WROTE DRAFTING
INSTRUCTIONS BY HAND AS I DIDN'T WANT TO RISK OFFENDING MY
SECRETARY.

IN MARKETING TERMS, THE SELECTION OF THE RIGHT 'TITLE' WAS AS IMPORTANT AS THE CONTENT. I PARTICULARLY WANTED TO AVOID USING WORDS LIKE DEATH AND DYING IN THE TITLE.

~~THE~~ THE FINAL SELECTION OF "THE R.T.I. ACT" WAS PERFECT. ~~NOT ONLY~~ ~~IT MADE THE RIGHT "FUTURE"~~ WAS AN ACCURATE DESCRIPTION OF WHAT THE BILL INTENDED

VOCAL ARTICULATE OPPONENTS COULD MAKE NO GROUND WHEN THEY ATTACKED THE TITLE BECAUSE IT WAS AN HONEST TITLE, (AND THEY HATED IT.) (I BELIEVE IT PLAYED A SIGNIFICANT ROLE IN THE EVENTUAL SUCCESS OF THE BILL)

(EXPLAIN PRIV. M. BILL - CONSCIENCE VOTE)
(PLANT COMPLICATED - INDEPENDENTS)

OPPONENTS TO V.E. RELY HEAVILY ON EMOTIONAL TERMINOLOGY AND SCARY ^{SLIPPERY SLOPE} SCENARIOS WHICH CANNOT BE PROVED OR DISPROVED. MY STRATEGY TO COUNTER THIS WAS TO TAKE THEM BY SURPRISE AND GET MY ~~THE~~ PROPOSAL UNDERSTOOD BEFORE THE MAJOR OPPONENTS, THE CHURCHES, RTL & AMA COULD MOBILISE AND CLOUD THE ISSUES.

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EVEN ~~THE~~ HOURS IN THE MEDIA BY MYSELF WOULD BE A BIG PLUS.

WHEN THE PROPOSAL WAS RELEASED IT HAD TO BE UNDERSTOOD QUICKLY AND COMPLETELY. THERE WAS NO ROOM FOR ~~THE~~ AMBIGUITY OR MISSINTERPRETATION - THAT WOULD LEAD TO ~~REVEALED~~ CRACKS THE OPPOSITION WOULD DRIVE WEDGES IN AND THE PACKAGE WOULD CRUMBLE.

THE DOCUMENTS RELEASED HAD TO BE EASILY UNDERSTOOD

WAS A SUBJECT THEY WERE NOT FAMILIAR WITH AND THE BILLS INTENTION WAS SUBTLE CHANGES IN THE LAW AS IT ~~APPLIES~~ APPLIES TO THE DOCTOR PATIENT RELATIONSHIP. (Common Law Right Carries TO REF. M. TANT. -)

EVERY POSSIBLE QUESTION HAD TO BE ANSWERED RIGHT FROM THE START
WHAT WOULD BE THE EFFECT ON LIFE INSURANCE
WHAT WOULD THE DEATH CERTIFICATE SAY.
WHAT METHODS COULD A DOCTOR USE TO CAUSE DEATH.
WHAT IF A PHARMASIST REFUSED TO SUPPLY LETHAL DRUGS.
COULD SOMEONE FROM INTERSTATE OR OVERSEAS ACCESS V.E.
WOULD THE PUBLIC KNOW HOW MANY PEOPLE ~~WERE~~ ^{WERE} HELPED TO DIE
AND MANY OTHERS.

AT A PRESS CONFERENCE ON 1ST FEB 1995 I RELEASED TO THE MEDIA AND MAILED TO EVERY INFLUENTIAL TERRITORIAN A PACKAGE OF METICULOUSLY WORDED DOCUMENTS.

- 1 A PRESS RELEASE
 - 2 A DRAFT BILL.
 - 3 A PAPER DESCRIBING EVERY CLAUSE IN THE BILL IN LAYMAN'S LANGUAGE.
 - 4 A 3 PAGE 'BACKGROUND PAPER' ^{WITH A} HIGH IMPACT MESSAGE.
- CONTENT LAYOUT ALL THESE WORTH PERUSING - GET MY POINTS

(EXPLAIN A 'DRAFT' BILL)

FOR THE NEXT 48 HOURS I SPOKE ^{TO} EVERY RADIO/TV/NEWSPAPER REPORTER I COULD.

THE OBJECTIVE WAS TO ENSURE THEY UNDERSTOOD MY PROPOSAL AND TO APPEAR TO THEM TO MAKE ANY CRITIC THEY INTERVIEWED ADDRESS THE FACTS OF MY PROPOSAL, NOT TO LET THEM GET AWAY WITH INTRODUCING 'RED HERRINGS'.

THIS TACTIC WORKED WELL & I HAD SUCCESS IN ...

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JOURNALISTS ACTUALLY PULLED CRITICS UP ^{SAYING -} ~~WROTE STORIES~~ BUT THAT'S NOT WHAT PAVLOV IS PROPOSING! THAT'S UNUSUAL.

THE HUGE OUTPOURING OF EMOTION THAT FOLLOWED IN NEXT 3 WEEKS SURPRISED ME. HUNDREDS OF LETTERS AND PHONE CALLS DESCRIBING SOMETIMES HORRIFIC EXPERIENCES OF WITNESSING OR INVOLVEMENT IN A BAD DEATH. 2 - PEOPLE RELATED HOW THEY HAD ^{FULFILLED A REQUEST TO} ~~BE~~ ^{BE} PUT OUT THEIR MISERY ~~HAD BEEN~~ ^{OUT OF LOVE AND FRUSTRATION.} (BECAUSE THEIR PARENTS ^{DOCTOR WOULD NOT DO})

IT WAS AS IF THESE STORIES HAD BEEN BOTTLED UP FOR YEARS AND THEY WANTED TO TELL SOMEONE THEY THOUGHT WOULD UNDERSTAND. THEIR STORIES REINFORCED MY DETERMINATION TO PRESS ON.

ON 22 FEB: I INTRODUCED A BILL IN PARLIAMENT SLIGHTLY MODIFIED FROM THE DRAFT BILL FIRST RELEASED.

ALSO 2. EXPLANATORY NOTES TO EVERY CLAUSE.

3. A POLISHED + POWERFUL S/READING SPEECH.

4. AN EXECUTIVE SUMMARY OF THE BILL

5. A PAPER CONTAINING EXTRACTS FROM THE SPEECH.

THESE WERE DESIGNED TO BE PICKED UP ~~FOR~~ BY COLUMNISTS. (IF YOU DO ~~THE~~ PART OF THEIR JOB FOR THEM YOU GET THEIR ATTENTION

ONLY SPONSOR SPEAKS UPON INTRODUCTION. ^{OF BILL} - MINIMUM 28 DAYS BEFORE CAN COME UP AGAIN FOR DEBATE. - M.P.'S SUPPOSED TO CONSULT THEIR CONSTITUENTS DURING THIS TIME.

WHEN M.P.'S HAVE CONSCIENCE VOTE - PARLIAMENT WORKS AS ORIGINALLY INTENDED. - SPONSOR OF AN ISSUE ^{TRIES} ~~IS REQUIRED~~ TO WIN OVER OTHER M.P.'S WITH A POWERFUL REASONED SPEECH. - IT IS HARD TO IMAGINE A MORE IDEAL TOPIC THAN V.E. TO BE PASSIONATE ABOUT. - WHETHER YOU ARE FOR OR AGAINST.

SOME MP'S WHO OPPOSED MY CAUSE PROPOSED A PARLIAMENTARY COMMITTEE TO ALLOW THE PUBLIC TO MAKE SUBMISSIONS.

AT FIRST I OPPOSED - CONSIDERED A DELAYING TACTIC ^{REFLECTS CTE} ^{NEVER COMES BY}
I WAS PERSUADED TO SUPPORT ~~IT~~ ON CONDITION THAT THE COMMITTEE WAS LIMITED TO TAKING EVIDENCE ON ~~THE~~ ^{THE} BILL AND WAS NOT AN INQUIRY ^{TO DECIDE} ~~AS TO~~ WHETHER ~~IT~~ V.E. WAS GOOD OR BAD. - AND THAT CTEE REPORTED WITHIN 3 MONTHS.

I WANTED TO RESTRICT THE COMMITTEE TO LOOKING AT WHAT I PROPOSED - NOT WHAT V.E. OPPONENTS CLAIMED I WAS PROPOSING.

^{IN} ~~THE~~ PRINCIPLE ~~BEHIND~~ I WANTED THE WHOLE PARLIAMENT TO DEBATE AND VOTE ON V.E. - NOT ~~JUST~~ HIDE BEHIND THE RECOMMENDATION OF A COMMITTEE OF 5 OR 6 MP'S. (POLITICIANS WHO OPPOSE 75% DON'T WANT IT KNOWN. SO ADAPT A CREEPY REPORT.)

IN HINDSIGHT - THE COMMITTEE PROVED TO BE A VALUABLE TOOL TO ALLOW THE WHOLE COMMUNITY TO BE HEARD. - IT WAS A FOCAL POINT FOR THOSE WHO FELT VERY STRONGLY FOR OR AGAINST. ~~LECTURES~~ + VOLUME OF WITNESSES/PAPER SUCH - MP'S COULDN'T COPY.

WITHOUT THE CTEE I BELIEVE THERE WOULD HAVE BEEN A RESIDUAL LEVEL OF FRUSTRATION ON BOTH SIDES.

THE PUBLIC DEBATE WAS INTENSE - IT TOTALLY DOMINATED TALKBACK SHOWS AND LETTERS COLUMNS. OUR OPPONENTS BROUGHT UP 'HEAVIES' FROM SOUTH & EVEN U.S.A. TO TELL US HOW BAD MY LEGISLATION WAS. THERE WERE MANY PUBLIC RALLYS, LEAFLET DROPS AND A CANDLELIGHT VIGIL.

AS EXPECTED, MUCH OF THE OPPONENTS WELL FUNDED CASE WAS EMOTIONAL AND DISHONEST. AD. - OUR SUPPORTERS FORMED AN ORGANISATION (TIAP) TO PUSH THE CAUSE AT STREET LEVEL TO HELP COUNTER THE ~~CHURCHES~~ ~~INDUSTRY~~ ~~...~~ - SEE THAT (A)

SOMETIME AFTER THE BILL WAS INTRODUCED I REWROTE A PAPER DESCRIBING "DISEASES AND SYMPTOMS THAT ARE DIFFICULT TO CONTROL WITH PALLIATIVE CARE". IT WAS PARTICULARLY AIMED AT MEMBERS PARLIAMENT.

LISTED UNPLEASANT SYMPTOMS SOME POOR SOUL HAD

SUPPORTERS DURING THIS PERIOD RAISED A NUMBER OF VALUABLE POINTS THAT I HAD NOT FOUND IN MY PREVIOUS READING.

EG. - MORPHINE IS AN AWFUL DRUG TO KILL SOMEONE WITH BUT IT IS ALL A DOCTOR CAN SAFELY USE AND AVOID AWKWARD POLICE QUESTIONS.

DECRIM. V.E. WILL ALLOW THE USE OF EFFICIENT LETHAL DRUGS THAT ALLOW THE PATIENT TO DIE QUICKLY & PAINLESSLY.

A FEW DOCTORS WENT PUBLIC IN SUPPORT OF CHANGING THE LAW NURSES CONFIRMED THAT SOME PATIENTS DIE HORRIFICALLY AND SOME HINTED TO ME THEY'D BEEN MOVED TO ACCED TO PATIENTS WHO BEGGED TO DIE.

(OTHERS TOLD ME THAT DOCTORS LEAVE DRUG ADMINISTRATION INSTRUCTIONS & THEY KNOW HOW TO DIE. - ABSENT ?

THE LOW POINT IN THE CAMPAIGN WAS WHEN BOURGAINNESE TOLD THE BILL MEANT ~~THEY~~ SICK ABS WOULD BE BROUGHT TO DARWIN AND KILLED. - SUCH RUMOURS TRAVEL LIKE WILDFIRE IN REMOTE COMMUNITIES OF LARGELY ILLITERATE PEOPLE.

(DIDN'T HELP - TRIAL ABS - RESERVATIONS POST HOSPITAL - MANY SICK GO THERE DO DIE.)

NEW POINTS ^{WHICH EMERGED} THAT SUPPORTED MY STAFF WERE USED TO SHORE UP MY PUBLIC POSITION AND SOME WERE INCLUDED IN MY CLOSING SPEECH TO PARLIAMENT WHICH IS MADE ~~AND~~ AFTER EVERYONE ELSE HAS SPOKEN AND ~~BEFORE~~ ^{IMMEDIATELY} BEFORE THE CRUCIAL 2ND READING VOTE IS TAKEN.

DURING SOME OF THE DEBATES I NEEDED A DOCTOR. PARTICULARLY WHEN I WAS TRYING TO ~~ARGUE~~ ARGUE THE

CASE WITH A DOCTOR - THE HEAD OF THE AMA IN N.T. WHO WAS VERY VOCAL OPPONENT.

THANKFULLY - ALONG CAME PHILIP NISCHE. THE ONLY SUPPORTING DOCTOR THAT WAS PREPARED TO BE VERY PUBLICLY INVOLVED. I DO NOT KNOW WHAT I WOULD HAVE DONE WITHOUT HIM AND HIS ABILITY TO SPEAK FIRST HAND ABOUT TREATING SUFFERING PATIENTS. - SOMETHING I COULD NEVER DO.

DURING THE COUPLE OF WEEKS BEFORE THE BILL WAS TO BE VOTED ON IN PARLIAMENT, SUGGESTIONS THAT THE VOTE COULD BE AFFECTED BY ME BEING CHIEF MINISTER BECAME MORE COMMON.

THE INFERENCE WAS THAT SOME MEMBERS OF MY PARTY MIGHT VOTE FOR THE BILL BECAUSE I WAS THE LEADER.

(DON'T BELIEVE ANY SUBSTANCE)

WHATEVER THE OUTCOME, (KNEW IT WOULD BE CLOSE) I FELT ALL WOULD BE LOST IF THE VOTE WAS NOT SEEN TO BE A GENUINE ONE, FREE OF PARTY POLITICAL OVERTONES.

THE ONLY WAY TO TOTALLY DESTROY SUGGESTIONS OF A DISTORTED VOTE ~~WAS TO~~ COMPLETELY WAS TO ANNOUNCE MY RESIGNATION ^{AS CM.} HAVING BEEN IN PARLIAMENT FOR 21 YEARS IT WAS PROBABLY TIME TO GO ANYWAY. SO I ~~RESIGNED FROM PARLIAMENT AS WELL.~~

EVERY MEMBER OF PARLIAMENT SPOKE IN THE DEBATE. ^{THE} ~~THE~~ SUBJECT LENDS ITSELF TO SOUL SEARCHING CONTRIBUTIONS AND WE HEARD MANY EXCELLENT SPEECHES.

THE ~~THE~~ CRUCIAL VOTE (2ND READING) WAS 13/12.

THAT GETS YOU INTO THE MESS

COMMITTEE STAGE FOLLOWS AND EVERY CLAUSE WAS
HOTLY DEBATED. SEVERAL MEMBERS (INCLUDING MYSELF)
HAD SCHEDULES OF AMENDMENTS. EACH OF THOSE ARE
ALSO DEBATED AND VOTED ON BEFORE PROCEEDING TO
THE NEXT CLAUSE.

SUPPORTERS AMENDMENTS WERE AIMED AT MAKING THE
LEGISLATION WORK BETTER, OPPONENTS AMENDMENTS WERE
AIMED AT MAKING THE 'PROCESS MUCH MORE DIFFICULT
FOR ANYONE TO USE. — SOME HOPE THE PROCESS WOULD
BE SO DIFFICULT NOBODY COULD USE IT.

DURING THE MANY HOURS OF INTENSE DEBATE IN COMMITTEE
WE HAD THE OPTION TO ADJOURN AND CONTINUE ANOTHER
DAY. FORTUNATELY, ^{NEARLY} EVERYONE WANTED THE MATTER
RESOLVED ONE WAY OR ANOTHER. I WAS ANXIOUS
TO PUSH ON UNTIL THE FINAL VOTE AS THE ENTIRE
3 MONTH CAMPAIGN WAS AT ITS PEAK PSYCHOLOGICALLY
AND I BELIEVED IT WAS IMPORTANT NOT TO HAVE A
BREAK AND LET THE ISSUE 'COOL'.

THE THIRD READING VOTE IS ON THE ~~FINAL~~ DOCUMENT
HAMMERED OUT THRU COMMITTEE. VOTE 15/10.

I LEFT PMENT 4 DAYS LATER.

IN DECEMBER THE ACT WAS AMENDED TO REQUIRE A PSYCHIATRIST.

1ST JULY 1996. ACT COMMENCED. (LONG PERIOD ADMINISTRATIVE
PREPARATION/EDUCATION DRs ETC/REGULATIONS.

4 PEOPLE SUBSEQUENTLY USED THE LEGISLATION TO GET MEDICAL
ASSISTANCE TO DIE. AFTER 9 MONTHS OPERATION IT WAS
VETOED BY FEDERAL PARLIAMENT. (THE ONLY ACTION MY
METICULOUS PLANNING OVERLOOKED — NOT THAT I COULD STOP IT.)

BRIE
COMM
MAY
ISSUES
FUTURE